

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McLAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20640

County of Anderson
 Township of J. O. ... N. W.
 OR
 Inc. Town of
 OR
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 104 ... Registered No. 43 ...
 (For use of Local Registrar)

(2) Full Name of Child Minnie T. Seawright (If child is not yet named, make supplemental report as directed)

(3) BOY-OR GIRL? <u>GIRL?</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/> <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>July 27, 1922</u> (Name (Month) (Day) (Year))
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FATHER.		MOTHER.	
(8) FULL NAME <u>Will Harris</u>	(14) NAME BEFORE MARRIAGE <u>Ala Seawright</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Warwood Route 7</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ware West 8 E</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Anderson S.</u>	(18) BIRTHPLACE <u>Anderson S.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Labourer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Anderson ... at ... 8:45 A.M. ... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bessie Jenkins
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ware West 8 E

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 27, 1922 (28) J. H. ... Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.